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ABSTRACT

Implications of the HELDS (Higher Education for Learning Disabled Students) project for college health education are considered. The importance of a course syllabus is noted, and suggestions are given for identifying LD students. A sample lesson plan is presented with eight activities on the topic of wholistic health. The article concludes with a listing of 24 additional suggestions for accommodating LD students in college classroooms. Suggestions address environmental factors, speech, lecture organization, and assignments. Among appended information are a course description and a scheduling chart. (CL)

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ACCOMMODATING STUDENTS WITH LEARNING DISABILITIES IN COLLEGE HEALTH EDUCATION

Alternative Techniques for Teaching Health Education to Learning Disabled Students in the University

by
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HELDS Project
(Higher Education for
Learning Disabled Students)

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THE HELDS PROJECT AT CENTRAL WASHINGTON UNIVERSITY

The acronym HELDS stands for Higher Education for Learning Disabled Students. It represents a model program funded for three years (1980-1983) by the Fund for the Improvement of Post Secondary Education (FIPSE), a division of the Department of Education. This project was funded as a model for other colleges and universities that are preparing to provide equal academic access for the learning disabled students.

Project HELDS had three major focuses. The first was to provide such access for the learning disabled student under Section 504 of the Rehabilitation Act of 1973. This we did for learning disabled students, most of whom were admitted without modified requirements to Central Washington University. These students were not provided remedial classes. They were enrolled in classes with other college students. The help that we gave was habilitative, rather than remedial, teaching them how to compensate for their weaknesses.

The habilitative training began with identification of those who were learning disabled and included, but was not limited to, such support services as taped textbooks (provided through the services of our Handicapped Student Services Coordinator), readers, writers for tests, extended time for tests, pre-registration with advising to ensure a balanced schedule, the teaching of study skills and tutoring by tutors from the campus-wide tutoring program who were especially trained to tutor learning disabled students.

The second focus of the project was to give a core of twenty faculty teaching classes in the basic and breadth areas a sensitivity to the characteristics of students who were learning disabled so that they could modify their teaching techniques to include the use of more than one modality. This ensured an academic environment conducive to learning for the LD. The faculty members participated in monthly sessions which featured experts in the field of learning disabilities, and in the area of the law (Section 504) that deals with the handicapped student and higher education. There were several sessions in which Central Washington University graduates and currently enrolled LD students shared their viewpoints and experiences with the faculty members. As a result of this some faculty members used the students as resource people in developing curricula for their various disciplines published in this series.

The third focus of the project was to make the university community aware of the characteristics of learning disabilities and of the program at Central. It also sought to encourage other colleges and universities to initiate such programs.

WHAT IS A LEARNING DISABLED STUDENT?

People with learning disabilities have handicaps that are invisible. Their disability is made up of multiple symptoms that have been with them since childhood. Many of them have been described as "dyslexics," but if they are categorized as dyslexic, this will be only one of their many symptoms, as a sore throat is only one of the many symptoms of a cold.

Three concise descriptions of the learning disabled children are provided in Hallahan and Kauffman:

"The National Advisory Committee on Handicapped Children (1968) proposed the following definition, which was adopted by the 91st Congress:

> Children with special disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.

Task Force II of a national project (Minimal Brain Dysfunction in Children: Educational, Medical and Health Related Services, Phase Two of a Three-Phase Project, 1969) wrote the following two definitions:

> Children with learning disabilities are those (1) who have educationally significant discrepancies among their sensory-motor, perceptual, cognitive, academic, or related developmental levels which interfere with the performance of educational tasks; (2) who may or may not show demonstrable deviation in central nervous system functioning; and (3) whose disabilities are not secondary to general mental retardation, sensory deprivation or serious emotional disturbance.
>
> Children with learning disabilities are those (1) who manifest an educationally significant discrepancy between estimated academic potential and actual level of academic potential and actual level of academic functioning as related to dysfunctioning in the learning process; (2) who may or may not show

> demonstrable deviation in central nervous system functioning; and (3) whose disabilities are not secondary to general mental retardation, cultural, sensory and/or educational deprivation or environmentally produced serious emotional disturbance.[1]

Although the preceding definitions are concerned with children, the President's Committee on Employment of the Handicapped, in their booklet *Learning Disability: Not just a Problem Children Outgrow*, discusses LD adults who have the same symptoms they had as children. The Department of Education (Reference Hallahan & Kauffman) says that two to three percent of the total public school population are identified as learning disabled and that there are over fifteen million unidentified LD adults in the United States, acknowledging, of course, that people with this problem are not restricted to the United States but are found all over the world.

We know that many learning disabled persons have average or above average intelligence and we know that many of these are gifted. In their company are such famous gifted people as Nelson Rockefeller, Albert Einstein, Leonardo da Vinci, Thomas Edison, Hans Christian Anderson, Auguste Rodin, William Butler Yeats, and Gustave Flaubert.

The causes of learning disabilities are not known, but in our project each of our identified learning disabled students shows either an unusual pregnancy (trauma at birth, such as delayed delivery, prolonged or difficult delivery) or premature birth. They oftentimes have a genetic family history of similar learning disability problems.

An exerpt from my *Criterion and Behavioral Checklist for Adults With Specific Learning Disabilities* has been included as Appendix A.

/s/ MCS
6 June 1982
Ellensburg, Washington

[1]Daniel P. Hallahan and James M. Kauffman *Exceptional Children* (Englewood Cliffs, New Jersey: Prentice-Hall, 1978), pp. 121-122.

INTRODUCTION

I am beginning my seventh year of teaching college health education courses. I first heard the term "learning disability" in 1975. To me, it was a term used to describe learning problems of school age children, certainly not college age students. How could a person with brain injury, minimal brain dysfunction, dyslexia, etc. ever make it to college? And I can remember thinking that if somehow "one" made it into one of my classes, he or she would only be a burden. I was a health educator and I didn't know anything about the "handicapped" or special education.

Since then, numerous learning disabled students (LDs) have made it into my classes. Last year (1980) I became involved with the Higher Education for Learning Disabled Students Project (HELDS) on our campus, and I have learned many things about LD students. I now know that I have had numerous LD students and didn't even know it.

As a result of my training through the HELDS project and concomitantly working with LD students in my classes, I have dramatically changed my attitudes about them as people, and as students who want to learn and are very capable of learning if we, as teaching professionals, take a small amount of time to accommodate them.

II. IMPLICATIONS FOR HEALTH EDUCATION

We college health educators, by the nature of our profession, have a fundamental philosophical obligation to the LD student. Even though LD students are just as bright (or brighter) and appear the same physically as other students, they have an invisible intellectual handicap that has the potential to cause harm to every dimension of their well-being — that is, to their physical, emotional, spiritual, social, and intellectual health. Learning disability is a conglomerate of many things, each and all impinging on the students' ability to cope. What is so encouraging to us as health education professionals is that with just a little bit of effort and a few changes in our attitudes and the way we teach, we can help LD students to achieve intellectually as they learn valuable concepts of health along with other students. Hopefully, the words that follow will help in this endeavor. Interestingly enough, teaching our classes as if LD students were in them, has tremendous potential to increase the learning effectiveness of the other students in our classes who do not have learning disabilities.

The basic health class taught at most colleges offers a good opportunity to examine the implications that teaching students with learning disabilities have for college health education classes. It is good because of the comprehensive nature of the course and because so many important issues for LD students surface in such a class. Therefore the informa-

tion that follows is intended to give examples of learning disabled students in basic health classes in college. This examination is merely intended to be representative of the discipline of college health education as a whole.

III. THE COURSE SYLLABUS

The course syllabus is a valuable tool for the student as well as for the instructor. Appendix B is a copy of the syllabus that I use to teach our basic health course — Health Essentials. I am not suggesting that this is the way you should teach this class, but I would like to draw your attention to some features about the syllabus that have implications for LD students and your teaching of them.

- *Read it aloud to the entire class.* All students need an opportunity to be sure that they understand what the course is about and what is expected of them. This is particularly important for the LD student who has trouble taking information in through the senses and bringing that information to the brain.
- *The content and standards of the course need not be changed.* The way we present content or test learning may change (discussed later). But given the opportunity, the LD can handle the challenges of the course as well as anyone.
- *Read a statement about those who may have a learning handicap.* (See Appendix B) This may be the most important feature of your syllabus for the LD. LDs have the responsibility to contact the instructor. If an invitation is made to LDs in the class, it makes it much more likely that they will disclose their disability. It is during this time that you simply need to ask, "What are your special needs for learning in this class?" Remember, there is a wide range of learning disability problems. Some may have difficulty with written symbols and may need a reader or tape recorded lectures. Some may be "lecture deaf" (aural receptive dysphasia) and require many of the adapted techniques that assist deaf students. Ask them! Find out how you can help them to learn.
- *Provide a calendar of events for the class.* A calendar method of informming students about the sequence of the course seems to be best for the LDs who often have difficulty with sequencing events or remembering important events or remembering important dates such as for tests and for assignments.

- *Have students write something to you on the first day (last page of syllabus which can easily be torn off).* It is entirely possible that some students have made it to college who have never been diagnosed as having a learning disability. (I have discovered many.) One of the cues for detecting the LD may be the handwriting of the student. If it is unusually

inconsistent, irregular, or filled with mistakes, you can suspect that an LD may be present. (See Appendix C for several examples of typical LD handwriting.) It is best to have the handwriting sample checked by the campus learning center or tutorial center. If a learning disability is still suspected, try to get the student to see someone in the campus learning center. They can then try to diagnose if a learning disability is present.

IV. TEACHING STRATEGIES FOR HEALTH — A SAMPLE LESSON PLAN

(Taking into account the presence of learning disabled students.)

I am hopeful that the following lesson plan will give you some ideas of how your teaching may change when you try to accommodate LD students in your classes. Notations are made following each activity to point out the implications that the activity has for LD students.

SAMPLE LESSON

(Taking into account the presence of Learning Disabilities.)

Lesson — Wholistic Health

Goal: : Students should understand the concept of wholistic health and the parameters that can affect health.

Objectives: Students should be able to:

* Define wholistic health in terms of five dimensions of wellness.

* List two symptoms of ill health, two causes of ill health, and two treatments of regaining health in each dimension of health.

* Create an example to show the inter-relationship of each dimension of health.

* List five characteristics of wellness.

Activity 1.

Put the objectives of this lesson (or agenda for this class meeting time) on the chalkboard and read them aloud to begin class. This is important to do for all students whether they are LD or not.

Note: : For a certain type of LD, it may be necessary to tape record the entire class or lecture times.

Activity 2.

Break students into groups of five and have them create a definition of health to be read to the rest of the class after five minutes of discussion and task. Have each group place key words from their definitions on the chalk board. Circle commonalities in definition from each group, insert important words if missing and write with fairly large letters the definition of health which should read something like the following:

> Health is a condition that tries to establish *high level wellness* of *physical, emotional, intellectual, spiritual,* and *social dimensions* that is ever *changing* and is our *responsibility* to achieve.

Note: : LDs usually do very well vocalizing in discussion because this is a compensati n behavior.

Activity 3.

Show slides on wholistic health that include some of the following graphics and pictures: Cartoon on health, famous quotations on health, the five dimensions of health, cartoon of excuses people use to avoid changing negative health behaviors, etc. Slides are useful to LDs for visualizing concepts. So are films. Also ask for comments or questions as you lecture on slides.

Activity 4.

Put on butcher paper the following:

Emotional	**Physical**	**Spiritual**	**Social**	**Intellectual**
Symptoms	Symptoms	Symptoms	Symptoms	Symptoms
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
Causes	Causes	Causes	Causes	Causes
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
Treatments	Treatments	Treatments	Treatments	Treatments
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3

Assign each group a dimension to work in. Have them come up with responses that would indicate three symptoms of ill health, three causes of those symptoms, and three treatments to improve health in the dimension they are working on.

Have a person from each group read out loud their responses as you (the instructor) print them neatly in large letters in the appropriate space. Give them a copy of the chart and have them fill in the responses as you do. (This procedure is especially important for LDs.)

Activity 5

Place on chalkboard the following:

Symptom
Cause
Treatment

Have one student choose any one symptom from any dimension listed on chart. Have another student choose any one cause and have another student choose any one treatment. They should keep these responses to themselves until each student has selected. Have them tell what they chose and you record in the appropriate spot on the chalkboard. Then look at the responses and point out the interrelationship of each dimension to the other dimensions. A symptom in one area could be due to a cause in another and a teatment in an entirely different area can work for the other dimensions. This exercise usually works to point out the concept that a problem or treatment in one dimension can affect the other dimensions. Repeat this two more times to reinforce the concept. Such repetition is especially important for the LD.

Activity 6.

Review what we have learned so far using Socratic teaching method (LDs respond to review and to Socratic teaching). Be sure to list on board what we have learned so far.

Activity 7.

Give a handout listing characteristics of high level wellness and read each characteristic aloud as you go over them with the class. using an overhead projector, projecting the same content but with large print (at least ¼ inch). Projecting information at the same time students look at it (or copy it) is reinforcing for learning, especially for LDs. Use colored Sharpie marking pens for printing on the transparency. This also is more helpful than all black lettering which might "scramble" for the LD.

Activity 8.

Have students complete one of the following sentences and read it aloud always with the option to pass if they wish:

I learned that _____.

I was pleased _____.

I noticed that _____.

I was displeased that _____.

These answers will also give you feedback about how the activity went. Finally, go over objectives and ask, "Did we accomplish what we set out to accomplish?"

V SOME FINAL OBSERVATIONS

ADDITIONAL COMMENTS ABOUT LEARNING DISABILITIES AND COLLEGE HEALTH EDUCATION

Last year I taught a graduate class in drug education. On the first day I handed out a pre-test. I explained that if anyone in the class (all adults) had a learning disability or something that prevented them from understanding the questions I would be happy to read the pre-test to them. A man about 36 years of age blurted out to his own surprise and the rest of us, "I do!" He then proceeded to tell us about his learning disability (visual perceptual problem) and how this was the first time any teacher had asked if they could help.

For students in that class he did more educating about Learning Disabilities than I could ever have done. He even related his learning disability to some of his drug behavior and negative compensation behaviors. It was a freeing experience for him, me, and the rest of the class to talk about his learning disability and its effect on his life. He and I developed a close relationship as I tried to accommodate my teaching to his learning disability. My standards didn't change — in fact the results on my pre/post-tests for all students were improved over previous classes. This is only one of many pleasurable moments that I have had teaching with learning disabled students in the class.

SUMMARY INFORMATION ON LEARNING DISABLED STUDENTS

As college educators we have the expectation, I think, that a college student will be able to absorb information, communicate it, and be evaluated. But keep in mind that the learning disabled student will need

assistance and support from us in finding innovative ways of receiving and transmitting information and in being evaluated. Remember that the learning disabled student's capacity for learning is intact. The only difference is the means by which information is processed. This means that learning disabled students have trouble taking in information through the senses and bringing that information accurately to the brain. Some students will manifest a "scrambling" of the information so that obtaining clarity can be difficult. Other students may be unable to communicate effectively through writing (dysgraphia), making oral examinations and reports valid instruments for evaluation. Some learning disabled students may be "lecture deaf" (aural receptive dysphasia) and thus many of the techniques used for deaf students would be appropriate. And there may be still other students who have difficulty with sequential memory tasks for whom spelling, math and following directions step by step may be very difficult, indicating the need for tutoring. The student who has difficulty with written symbols may need special assistance similar to that available to blind students.

Solutions to the learning disabled student's dilemma for learning can be found. Remember that it is only the means by which their information is processed that is different. So keep in mind that students with learning disabilities should always be referred to the campus academic skills center or tutorial center.

Additional Suggestions for Teaching When Learning Disabled Students are in Our Classes

The suggestions that follow are not intended to be exhaustive, but merely representative of some basic things that you can do to improve your teaching effectiveness for learning disabled students. For a more complete list, I strongly recommend reading Michal Kahn's article, "Learning Problems of the Secondary and Junior College Learning Disabled Student: Suggested Remedies." The article appeared in the October, 1981 issue of the *Journal of Learning Disabilities*. Many of the following suggestions appear in that article.

1. Eliminate such classroom distractions as excess noise, physical motion, flickering lights, shiny jewelry, loud ticking clock, etc. that may be distractive to students.
2. At the beginning of each class have a review of the previous day's learning.
3. Explain objectives to the class (for the day).
4. List unique vocabulary that they may not know and try to use them in a sentence along with the definition.
5. Talk distinctly and at an appropriate rate.

6. Make sure that the student understands what you have said, done, or demonstrated; then move on to more complex material.
7. Signal students about a sudden change in topic.
8. Emphasize important points by giving unmistakable clues such as, "This is important." "The main points are..."
9. Use experiences or examples to explain an idea, definition or concept.
10. Be super organized in your lectures.
11. Teach a shorthand or abbreviation system for taking notes. Such as:

a) w/ = with	h) H = health
b) i.e. = that is	i) imp. = important
c) ∴ = therefore	j) w/o = without
d) & or + = for example	> = greater
e) e.g. = for example	l) < = lesser
f) ↑ = increase	m) phy. = physical
g) ↓ = decrease	

12. Repeat major information and have periodic reviews of what has been happening.
13. Refer students to textbook for further clarity or examples.
14. A good textbook should have these features:
    a) Unique or important words should be highlighted.
    b) Chapter summaries with study questions, etc.
    c) Charts, graphs, pictures, to enhance understanding and interest.
    d) Margins to write in.
15. Be consistent or announce inconsistency.
16. Give students time to get their notes up to date and review them.
17. Capture the students' attention at the beginning of class by relating experiences, films, stories, etc., that they can identify with.
18. Take the time to give excellent directions and check to make sure students understand.
19. With long-term assignments ask for periodic status reports.
20. Suggest that tape recorders may be helpful to some students and encourage their use.
21. Allow students to verbalize whenever possible.
22. Write legibly, use large type (preferably on colored paper), and do not clutter chalkboard — erase.

23. Have a consistent format for papers and assignments.
24. Be creative and use a wide range of methods to accomplish your teaching objectives.

Although these suggestions are recommended for learning disabled students, they can be beneficial to your other students as well. We would be well advised to incorporate many of these suggestions.

Methods for the Creative Accomplishment of our Teaching Objectives

Most of us have a good understanding of what we want to accomplish in our courses. Our objectives are pretty well established, or at least ought to be, since it is our objectives that guide us in our selection of methods to be used in our classes. Too often we limit the attainment of our objectives to just lecture or lecture/discussion/film combinations. Research indicates that people learn from a variety of ways and that multiple teaching method modalities contribute to higher levels of learning.

Therefore, I am challenging you to examine the following procedure for deciding on your methods for the attainment of your objectives:

1. Write very specific objectives. Remember there are three domains for learning and we should have objectives in each domain (cognitive, affective, behavioral).
2. Next, examine each objective and list several methods (teaching strategies) that might be used to achieve those objectives. Consult Appendix D for a list of 113 different methodology possibilities.
3. Decide which methodology can best achieve your objectives.
4. Sequence your methodologies (teaching strategies) according to the most logical and effective order.
5. Teach (Don't forget the suggestions listed in the previous section on Suggestions for Teaching When Learning Disabled Students are in Our Classes).

VI. SUMMARY

For those of us in health education, addressing the problems of learning disabled students is doubly challenging. While we can help them with their difficulties in learning, we can also help them to achieve multi-dimensional, high-level wellness — something that they perhaps thought would never be possible for them. The challenges of teaching LDs do mean extra work but have obvious rewards for the LD. The results also have potential to improve our own teaching not only for the LD but for non-LD students as well. I hope that this publication may prove helpful to you and your LD students. You may not know it, but you do have them.

Should you want to contact me about anything in this publication, you can write:

Ken Briggs
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Ellensburg, WA 98926
Phone: (509) 963-2481

I would be most happy to respond to any needs or questions you may have. In the meantime, may I suggest the publications in the bibliography to help you with your understanding of and the teaching challenges related to the learning disabled student.

APPENDICES

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APPENDIX

Criterion and Behavioral Checklist for Adults with Specific Learning Disabilities

1. Short attention span.
2. Restlessness.
3. Distractability. (The student seems especially sensitive to sounds or visual stimuli and has difficulty ignoring them while studying.)
4. Poor motor coordination. (This may be seen as clumsiness.)
5. Impulsivity. (Responding without thinking.)
6. Perseveration. (The student tends to do or say things over and over. Mechanism that says "finished" does not work well.)
7. Handwriting is poor. (Letters will not be well formed, spacing between words and letters will be inconsistent, writing will have an extreme up or down slant on unlined page.)
8. Spelling is consistently inconsistent.
9. Inaccurate copying. (The student has difficulty copying things from the chalkboard and from textbooks; for instance, math problems may be off by one or two numbers that have been copied incorrectly or out of sequence.)
10. Can express self well orally but fails badly when doing so in writing. In a few cases the reverse is true.
11. Frequently misunderstands what someone is saying. (For instance, a student may say, "What?", and then may or may not answer appropriately before someone has a chance to repeat what was said previously.)
12. Marked discrepancy between what student is able to understand when listening or reading.
13. Has trouble with variant word meanings and figurative language.
14. Has problems structuring (organizing) time -- The person is frequently late to class and appointments; seems to have no "sense of how long a "few minutes" is opposed to an hour; has trouble pacing self during tests.

15. Has problems structuring (organizing) space -- The student may have difficulty concentrating on work when in a large, open area -- even when it's quiet; may over or under-reach when trying to put something on a shelf (depth perception).

16. Has difficulty spacing an assignment on a page, e.g., math problems are crowded together.

17. Thoughts -- ideas wander and/or are incomplete in spoken and written language. Student may also have difficulty sequencing ideas.

18. Sounds -- A student's hearing acuity may be excellent, but when his brain processes the sounds used in words, the sequence of sounds may be out of order: e.g., the student hears "aminal" instead of "animal" and may say and/or write the "aminal."

19. Visual selectivity -- May have 20/20 vision but when brain processes visual information, e.g., pictures, graphs, words, numbers, student may be unable to focus visual attention selectively; in other words, everything from a flyspeck to a key word in a title has equal claim on attention.

20. Word retrieval problems -- the student has difficulty recalling words that have been learned.

21. Misunderstands non-verbal information, such as facial expressions or gestures.

22. Very slow worker -- but may be extremely accurate.

23. Very fast worker -- but makes many errors and tends to leave out items.

24. Visual images -- Has 20/20 vision but may see things out of sequence, e.g., "frist" for "first," "961" for "691." Or, a student may see words or letters as if they are turned around or upside down: e.g., "cug" for "cup," or "dub" for "bud," or "9" for "L" for "7," etc.

25. Makes literal interpretations. You will have to have them give you feedback on verbal directions, etc.

26. Judges books by their thickness because of frustration when learning to read.

27. Has mixed dominance: e.g., student may be right handed and left eyed.

28. Moodiness -- Quick tempered, frustration.

29. Cannot look people in the eyes and feels uncomfortable when talking to others.

30. Has trouble answering yes or no to questions.

Students with specific learning disabilities which affect their performance in math generally fall into two groups:

1. Those students whose language processing (input and output) and/or reading abilities are impaired. These students will have great difficulty doing word problems; however, if the problems are read to them, they will be able to do them.

2. Those students whose abilities necessary to do quantitative thinking are impaired. These students often have one or more problems such as the following:

A. Difficulty in visual-spatial organization and in integrating nonverbal material. For example, a student with this kind of problem will have trouble estimating distances, distinguishing differences in amounts, sizes, shapes, and lengths. Student may also have trouble looking at groups of objects and telling what contains the greater amount. This student frequently has trouble organizing and sequencing material meaningfully on a page.

B. Difficulty in integrating kinesthetic processes. For example, a student will be inaccurate in copying problems from a textbook or chalkboard onto a piece of paper. The numbers may be out of sequence or the wrong numbers (e.g., copying "6" for "5"). Problems may be out of alignment on the paper. Graph paper is a must for them.

C. Difficulty in visually processing information. Numbers will be misperceived: "6" and "9," "3" and "8" and "9" are often confused. The student may also have trouble revisualizing. i.e., calling up the visual memory of what a number looks like or how a problem should be laid out on a page.

D. Poor sense of time and direction. Usually, students in the second group have the auditory and/or kinesethic as their strongest learning channels. They need to use manipulative materials accompanied by oral explanations from the instructor. They often need to have many experiences with concrete materials before they can move on successfully to the abstract and symbolic level of numbers.

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APPENDIX B

Health Education
Central Washington University

H. Ed. 101 — Health Essentials
MWF 10:00 Mich. 203

Instructor: Ken Briggs, Ed. D.
Kennedy 164 (963-2481)
Office Hours: M-F 11:00 — 12:00 and 2:00 — 3:00
If an emergency exists and you need to talk to me, please feel free to call me at home (925-3968)

Text: Combs. *An Invitation to Health.* Menlo Park, CA: Benjamin, Cummings, 1980.

Course Description: This course is designed to facilitate learning experiences that will help students to explore and develop knowledge, attitudes, values and behaviors that relate to the promotion and attainment of high level wellness.

Basic Course Objectives:

- *To examine your own value system as it relates to total health.
- *To learn useful positive input on total health.
- *To understand negative input on total health.
- *To improve your current level of health through the adoption of health promotion behaviors.

Grading:

1. Three announced exams (see schedule for classes).
   Study sheets or oral review will be provided for each exam.
2. Nine inventory papers — you are asked to take nine health inventories found in your text (see schedule for classes for exact page numbers and due dates). In these papers include a xerox copy of the inventory and your

reaction to how you did on it. Your reaction should include the following:

a) What pleased you about your health behavior related to this inventory?

b) What displeased you about your related health behavior?

c) As a result of taking this inventory, what do you plan to do to improve your level of wellness?

Papers should be typed and reflective of the college level. These papers are due at assigned class time and will not be accepted unless other arrangements have been made 24 hours in advance.

Ten points will be given for each paper and will be based on completeness, thought, and subjective commitment to improved wellness.

Note:

This instructor acknowledges that students learn in different ways. Therefore, every attempt will be made to provide a variety of learning situations that will improve the chance that you will develop knowledge and competencies that will improve your potential to make intelligent health decisions.

If any student has any learning handicap or disability, please make an appointment with the instructor so that the instructor may be able to accomodate you and provide you with supplemental learning aids.

Health Essentials
Schedule for Classes

	MONDAY	WEDNESDAY	FRIDAY
SEPTEMBER			25 Course Introduction
SEPT — OCTOBER	28 Trust Building	30 The Concept of Wholistic Health / Wellness DUE: Chapter 1 Inventory Paper (p.6)	2 Foundations of Health Behavior & Decision Making DUE: Chapter 2 Inventory Paper (p. 20)
	5 Continued DUE: Chapter 2	7 The Promotion of Wellness & Avoidance of Disease Through Exercise	9 Developing a Comprehensive Exercise Program DUE: Chapter 13
	12 The Promotion of Wellnes & Avoidance of Disease through Nutrition DUE: Chapter 12 Inventory Paper (p. 280)	14 Continued	16 EXAM #1
	19 The Relationship of Stress & Health DUE: Chapter 3 Inventory Paper (p. 30 & 32)	21 The Promotion of Wellness & Avoidance of Disease through Stress Control DUE:-Chapter 3	23 Continued DUE: Chapter 3
	26 Special Health Concerns of College Students: Overview & Discussion DUE: Handout	28 Drug & Alcohol Use-Pharmacology DUE: Chapter 5 & 6	30 Liabilities of Drug Misuse DUE: Chapter 5 & 6 Inventory Paper (p. 113)
NOVEMBER	2 Responsible Drug & Alcohol Use DUE: Chapter 5 & 6	4 #2	6 Human Sexual Response & Sexual Behavior DUE: Chapter 8 Inventory Paper (Handout)

	MONDAY	WEDNESDAY	FRIDAY
NOVEMBER	9 Characteristics of Healthy Sexuality DUE: Chapter 10	11	13 Developing & Maintaining Intimate Relationships DUE: Chapter 10 Inventory Paper (Handout)
	16 Sexually Transmitted Diseases DUE: Chapter 15	18 Reproduction and Birth Control DUE: Chapter 9	20 Prenatal Health & Childbearing DUE: Chapter 11
	23 Aging DUE: Chapter 18	25	27
NOV – DECEMBER	30 Death & Dying DUE: Chapter 18 Inventory Paper (Handout)	2 Spiritual Health A Final Component of Wellness DUE: Handout	4 Tying It All Together Wholistically
	7 Exam #3		

From time to time, it may be necessary to communicate with you outside of class. And to help me to get to know you, please fill out the following:

Name:

College Address:

College Phone:

Year in School:

Major:

Write something that pleases you about the way the course appears to you:

Write something that displeases you about the way the course appears to you:

Write something you could do to improve your current level of health.

APPENDIX C

How are thing with you? I hop
all is going well. School is going
well and I really injoy my
classes (I'm a little swamp with homework)
(like always!) The weather is getting
wrotter and the snow has to come again
When you coming over in the Spring?
I will probly see you the first of
next ~~of~~ summer if you don't
get to come in Spring?

Take Care,

2nd year
Junior

Love is hard to find in
a world where everyone is blind
by the lonely bridge was
a man who wrote grids
but the map didnt show
where he lived

The wisdom of man comes (22)
by thoughts of man. Man is
a creator who seeks perfection
throughout history. life is what
man develops the thoughts from.
if man doesnt think how
can he seek perfection.
wisdom is the key to
mans succes.

2/18/82

APPENDIX D

113 Methods to Help Achieve Objectives

1) Anecdote
2) Artwork
3) Brainstorming
4) Bulletin Board
5) Buzz Session
6) Captionless Pictures
7) Cartoons
8) Case Study
9) Cassette
10) Chalkboard
11) Chart
12) Check List
13) Clippings
14) Collection
15) Colloquium
16) Comic
17) Committee Work
18) Contrived Incident
19) Creative Writing
20) Critical Listening
21) Current Event
22) Debate
23) Demonstration
24) Devil's Advocate
25) Diagram
26) Diary
27) Discussion
28) Display
29) Dramatization
30) Drawing
31) Exhibit
32) Experiment
33) Field Trip
34) Film
35) Filmstrip
36) Flip Chart
37) Forum
38) Game
39) Graph
40) Guest Speaker
41) Handout
42) Independent Study
43) Interview
44) Inventory
45) Investigation
46) Laboratory Investigation
47) Lecture
48) Lecturette
49) Lecture and Discussion
50) Library Work
51) Loop Film
52) Magazines
53) Manikin
54) Map
55) Model
56) Observation
57) Opaque Projector
58) Open End Technique
59) Opposing Panels
60) Oral Report
61) Outside Readings
62) Overhead Projector
63) Panel Discussion
64) Pamphlet
65) Photograph
66) Play

67) Poster
68) Pre-test
69) Problem Solving
70) Programmed Materials
71) Project
72) Psychodrama
73) Public Interview
74) Puppets
75) Question and Answer
76) Questionnaire
78) Quiz
79) Quotation
80) Radio
81) Rap Session
82) Rating Scale
83) Reading Assignments
84) Recording
85) Resource Person
86) Role Playing
87) Self Appraisal
88) Self Instruction
89) Self Test
90) Seminar
91) Sensitivity Training
92) Singing
93) Skit
94) Slide
95) Sociodrama
96) Sound on Slide
97) Storytelling
98) Strength Bombardment
99) Survey
100) Symposium
101) Tape Recording
102) Teaching Machine
103) Television
104) Textbook
105) Theme
106) Thought Sheet
107) Tour
108) Transparency
109) Tutorial
110) Values Clarification Techniques
111) Workbook
112) Workshop
113) Videotape

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